BIRTH NO.  RES. DIST. NO.  Registrator No.  S18 PRIMARY REG. DIST. NO.  Registrator No.  S1919  1. PLACE OF DEATH  a. COUNTY  b. CITY of coefficiency many pades. By ROTAL and after COUNTY  b. CITY of coefficiency many pades. By ROTAL and after COUNTY  c. CILL MANE Of at the baselule of institution, after stores informed to constitution.  REGISTRON ENTRY OF the labelule of the baselule of the coefficiency of the coefficienc	[日本OCT 4	1 <b>9</b> 52.	THE DIVISIO			50KI			3359	38
PLACE OF DEATH	- 100	130%	STANDARD		CAIE OF DI	EAIH	O O State	File No		
T. PLACE OF DEATH a. COUNTY a. COUNTY b. CITY of collistic regions gains, spice NURAL and sire of the public of th		•	REG. DIST. NO.	318,	PRIMARY REG. DIS	T. NO	JUS Regi	strar's No	891	9
B. COURTY (I moliformachum) pulsus, mych INTRAL and dry tyromalic)  D. CITY (II moliformachum) pulsus, mych INTRAL and dry tyromalic)  O. CITY (II moliformachum) pulsus, mych INTRAL and dry tyromalic)  O. CITY (II moliformachum) pulsus, mych INTRAL and dry tyromalic)  O. CITY (II moliformachum) pulsus division of tyromachum)  O. CITY (II moliformachum)  O. CLASS (II moliformach		тн			2. USUAL RES					
TOWN  6. PULL NAME OF (If not in baginal or landitation, give streat address or location):  1. ANAME OF DECASOF JOHN 16. (Pirst)  1.	a. COUNTY		> :		a. STATE	10.	b. COI	UNTY		dmission).
NOSPITAL OR	OR	O Company		ENGTH OF Y (to the place)	ÓR	corporate limit	With BURNE	LI S	122	29
DECEASED  (Type or Pint)  (Type or Pint)  (See 1)  (See 1)  (See 2)  (See 2)  (See 2)  (See 3)  (See 3						120	give locations	6	D	; 
(17) FOR OF PRINT JOHN 19 STATE 1 T. MARRIED. REVER MARRIED. NICOWED DIVORCED (Spedity) BULL OCCUPATION (OFFISHER OF PRINT) AUG. 31, 1900 SERVING OF WIGHT OF WIGHT OF SWID DIVORCED (Spedity) BULL OCCUPATION (OFFISHER OF PRINT) AUG. 31, 1900 SERVING OF WIGHT OF WIGHT OF SWID SERVING OF WIGHT	3. NAME OF	a. (First)	b. (Mid	dle) ,			4. DATE	(Month)	(Day) (')	rear)
Male White Wichmed Divorces (species)  10s. USUAL OCCUPATION (Signatural activation)  Store Medical activation (species)  Store Medical ac		Johnnie	. <b>G</b>			•	DEATH Se			52
10. KIND OF BUSINESS OR INDOMESTRY DO A TOWNSHIP)  10. KIND OF BUSINESS OR INDOMESTRY DO A TOWNSHIP)  11. BIRTHPLACE (CITY OF STRING CORESTY)  12. CHIZEROF WHAT COUNTRY OF THE WORLD DO STRY DO A TOWNSHIP)  13. FATHER'S NAME  13. MOTHER'S MAIDEN NAME  14. NAME OF HUSSAND OR WIFE  15. MOST DECEASED EVER IN U. S. ARRED FORCES?  16. SOCIAL SECURITY (No. Any or who was not mean the country of the c	** *- ·/ // // / · ·		MIDOMED, DIVORO	ED (Spedity)			last birthday	Months I	YEAR OF CHOSE Days Hours	
38. FATHER'S NAME  Jack Woods  Argie Hayss  Argie Hayss  SWAS DECEASE DEVER IN U. S. ARMED FORCES! SWAS DECEASED EVER IN U. S. ARMED FORCES! O'C. M. D. O'	done during most of worki	ng life, even if retired)	10b. KIND OF BUSIN	ESS OR IN-	,			2",	_COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY (No. No. or unknown) (If you, site of service)   16. SOCIAL SECURITY (No. No. or unknown) (If you, site of service)   18. CAUSE OF DEATH   18. CAUSE OF	ISa. FATHER'S NAME			R'S MAIDEN				D OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes, of the war of dates of service)  (Yes, no, or unknown) (If yes, of the war of dates of service)  (Yes, no, or unknown) (If yes, of the war of dates of service)  (Yes, no, or unknown) (If yes, of the war of dates of service)  (Yes, no, or unknown) (If yes, of the war of dates of service)  (Yes, no, or unknown) (If yes, of the war of dates of service)  (Yes, no, or unknown) (If yes, of the war of dates of service)  (Yes, no, or unknown) (If yes, of the war of t	Jack Wood	ls .	.] A	rgie Ha	ROTE E	Hat	<u> </u>			
Note   190	15. WAS DECEASED EVE	R IN U.S. ARMED F		NO.			<del>-</del>		ADDR	ES\$
18. CAÜSE OF DEATH Enter only onescusped of interest of the store of man on the mode of drying, such and collisions, if any, giving DUE TO (b)  "This does not mean the mode of drying, such an Actificities, attentia, attentia, etc. It meens the disc to the store cause (a) stating the underlying cause last.  DUE TO (c)  19. DATE OF OPERAT ISD. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Breetly)  21b. PLACEOF INJURY (s.s. in or about thought to the death of the total control of the man of the mode of the total or total cause of ordification to the death of the total control of the mode of the total ordinary, or ordinary, ordinary, ordinary, or ordinary, ordinary, ordinary, ordinary, or ordinary, ordinary			489-1	3-8579	Andrew We	9 <b>0</b> 48	<u> Hollide</u>	y. Te		<u></u>
**This does not mean the mote of dying, such as heart falture, astheria, etc. It means the discusser (a) stating the state of the above cause (a) stating the state of the underlying cause leaf.    DUE TO (b)	18. CAUSE OF DEATH Enter only one cause per		N	MEDICAL C	ERTIFICATION			<u> </u>	INTERVAL BE	DEATH
11. OTHER SIGNIFICANT CONDITIONS   120. MAJOR FINDINGS OF OPERATION   130. MAJOR FIN	*This does not mean the mode of dying, such as heart fallure, asthenia,	Morbid conditions	, if any, giping DUE TO cuss (a) stating se last.	. (	g orac	ear	, Os	·	in	
19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE 10bema, farm, factory, street, office bldg., sec.) HOMICIDE 11de (Month) (Day) (Teer) (Hour) 21e. INJURY OCCURRED WHILE WORK 11de At Work 12de alive on 19 , and that death occurred at 550 mm, from the causes and on the date stated above.  22d. I hereby certify that I attended the deceased from 19 , to 19 , that I last saw the deceased alive on 19 , and that death occurred at 550 mm, from the causes and on the date stated above.  23d. BURIAL, CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or count) (State) DUT-181 10 9=25-52 National Commetty 15c. Funeral director's signature Address SEP 3 1952 12d.  25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washing to n			ICANT CONDITIONS		Earace	ary	Sch	ras	co	
SUICIDE HOMICIDE  21d. TIME (Mosth) (Day) (Teer) (Hour) 21e. INJURY OCCURRED WHILLE NOT WHILE NO	19a. DATE OF OPERATION			. ,						
22. I hereby certify that I attended the deceased from	21a. ACCIDENT SUICIDE HOMICIDE				21c. (CITY, TOWN,	OR TOWNSHI	IP) (C	OUNTY)	(STAT	TE)
alive on	21d. TIME (Mouth) OF INJURY	(Day) (Year) (	WHILEAT	NOT WHILE	21f. HOW DID INJU	JRY OCCUR?			201	
Determined Company State Signature State State Signature State Signature State		_	he deceased from _ and that death :	occurred at:	, 19, lo 550 Am., fron	n the cause	, 19, a and on the	that I last date stated	saw the de above.	eceased
24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TION REMOVAL Greatly 9-25-52 National Commemory Jeffers on Barracks, Mode and the Recognition Registrar's Signature 25. Funeral director's signature Address SEP 2 3 1952-66.  Albert H. Hoppe, 4700 Washington		CO	<del></del>		23b. ADDRESS	00 -	. /	-	23c. DATE	
Durial of 9-25-52 National Comesory Jefferson Barracks Mos- pare necessary Registrar's Signature Albert H. Hoppe, 4700 Washington	Tatrick	5 la	glast Ca	ronce	1	wea	u		9.25	5.52
DATE RECO POSSAL REGISTRAR'S SIGNATURE  SEP 3 3 1952 EG. A 1952 EG	24a. BURIAL. CREMA				•	4.		_	=	-
SEP 3 3 1952 Of I Swett MO Albert H. Hoppe, 4700 Washington	Burial A	9-25-	<del></del>	onal C	эмефэйл			arrac	KS MO	
(Licensed Embalmer's Statement on Reverse Side)	SEP 8 3 1952	L REGISTRAR'S S	I Amet	L MO	Albert H	• Hopp		Washi	ng to n	
		m	(Licensed	Embelmer's S	tatement on Reverse	Side)				

## STATEMENT BY LICENSED EMBALMER

I hereby officify that the body wh	ose name is recorded on the re	everse side of this certificate	was embalmed by me, or by	ÿ
fludents of	Mortung (	allage Studen	t Embalmer Mo	

working under my personal supervision.

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

"If this body is not embalmed, fact should be so stated above.